DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

Attorney's Docket No. 81077617

As a below named inventor, I hereby declare:

the specification of which is attached boroto

[X]

My residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled

METHOD AND SYSTEM FOR CONTROLLING A TRANSFER CASE CLUTCH TO AVOID WHEEL SLIP

are openioadori or willori	is attached hereto.	

no such applications have been filed, or

such applications have been filed as follows:

I have reviewed and understand the contents of the specification identified above, including the claims.

I acknowledge my duty to disclose information of which I am aware that is material to the examination of this application in accordance with Section I.56(a), Title 37 of the Code of Federal Regulations; and

as to application for patents or inventor's certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns,

			• 4	<u>. </u>	
COUNTRY	APPLICATION NO.	DATE OF FILING (month, day, year)	DATE OF ISSUE: (month, day, year)	PRIORITY MASS CLAIMED UNDER 35 USC 119	Additional provisional application numbers are listed on a supplementa priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

POWER OF ATTORNEY: - I/we hereby appoint the following Practitioners at: Customer Number 28866, as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office and all foreign Patent Offices.

Address all corresp ndenc and telephone calls to: 28866

Donald Wilkinson - 35410 MacMillan Sobanski & Todd 38705 W. Seven Mile Road Suite 405 Livonia, MI 48152, USA (734) 542-0900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may Jeopardize the validity of the application or any patent issuing thereon.

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Name:	Steven Thomas		Date:
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Name:	Timothy Allen		Date:
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	•	SIGNATURE:		
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Name; Home Address: City, State, Zip: Country: Residence; Nationality:	Bal Sankpal 1885 Stonebridge Way Canton, MI 48188 United States of America Canton, MI 48188 United States of America	Bal Sanhpal United States of America	Date: <u>Felo</u> 2,2	.004
Name: Home Address: City, State, Zip: Country: Residence: Nationality:		United States of America	Date:	
Name: Home Address: City, State, Zip: Country: R sidence: Nationality:	Timothy Allen 16302 Blue Skies, Livonia, MI 48154 United States of America Livonia, MI 48154 United States of America	United States of America	Date:	

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